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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autr	iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MeToo Ohio			
ADDRESS (number and street)	228 S. Washington St.		
▼ Check if different	Ste. 115		
than previously reported. (ACC)	Alexandria		VA 22314
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00686865		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M:	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report ((O1)	20 (M4) Jul 20 (M7)	
July 15 Quarterly Report ((C) 12-Day PRE-Election	Primary (12P)	K General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report ((YE) Election	n on 11 06	in the State of OH
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	t Election	n on	in the State of
	0 01 2018	through 10	17 2018
I certify that I have examined t	Lisker, Lisa, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasur	er		
Signature of Treasurer	ker, Lisa, , ,	[Electronically Filed]	Date 10 / 24 / 2018
NOTE: Submission of false, erro	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name MeToo Ohio 10 01 2018 10 17 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2018 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 220000.00 220000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 220000.00 220000.00 6(a) and 6(c) for Column B)..... 176000.00 176000.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 44000.00 44000.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 156004.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name MeToo Ohio 10 01 2018 10 17 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 220000.00 220000.00 (i) Itemized (use Schedule A)..... (ii) Unitemized 0.00 0.00 (iii) TOTAL (add 220000.00 220000.00 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 220000.00 220000.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 14. Loan Repayments Received..... 0.00 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3).....

(b) Levin Funds (from Schedule H5)(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	220000.00	220000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	220000.00	220000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1000 1110 1 01100	Galeridai Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4 5	7 7 7		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4			
and Other Political Committees	0.00	0.00		
Independent Expenditures	470000 00			
(use Schedule E) Coordinated Party Expenditures	176000.00	176000.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
, , , , , , , , , , , , , ,	7 7 7	0.00		
Loan Repayments Made	0.00	0.00		
	4 4 4 4 4 4			
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man i onicai committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4 4	4 4		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Fodoral Floation Activity (F2 II C. C. 20101/2	0))			
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	0))			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid				
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
(10)	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	176000.00	176000.00		
Total Fadaval Dishamana	4	4 4		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	470000.00			
	176000.00	176000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 220000.00 220000.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 220000.00 220000.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	6	OF	9			
	(check only one)									
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MeToo Ohio Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A Public Voice Inc. Date of Receipt Mailing Address 15094 Township Rd 403 05 2018 City Zip Code State Transaction ID: SA11AI.4130 OH Thornville 43076 Amount of Each Receipt this Period FEC ID number of contributing C 20000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 20000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. A Public Voice Inc. Date of Receipt Mailing Address 15094 Township Rd 403 10 2018 City State Zip Code Transaction ID: SA11AI.4132 OH Thornville 43076 Amount of Each Receipt this Period FEC ID number of contributing 200000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 220000.00 SUBTOTAL of Receipts This Page (optional)..... 220000.00 TOTAL This Period (last page this line number only).....

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 7
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

NAME OF COMMITTEE (In Full) MeToo Ohio A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): IE-Digital Media/Production-oppose Brown, Majority Strategies LLC Sherrod Mailing Address 12854 Kenan Dr. Ste. 145 City State Zip Code Jacksonville FL 32258 Transaction ID: SD10.4117 Outstanding Balance Beginning This Period 27004.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 156004.00 129000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 156004.00 1) SUBTOTALS This Period This Page (optional)..... 156004.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 156004.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 8 OF 9				
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X				
MeToo Ohio								
				C C00686865				
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D D / Y = Y = Y				
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination				
Majority Strategies LLC	Г	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 12854 Kenan Dr.				1				
Ste. 145			Amou	nt				
City	State	Zip Code		97500.00				
Jacksonville	FL	32258		saction ID : SE.4121 of Disbursement or Obligation				
Purpose of Expenditure IE-Oppose Brown, Sherrod-Digital Media								
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00				
BROWN, SHERROD, , ,		x Oppose	Presid					
Calendar Year-To-Date			Disbursemer	nt For: Primary K General				
Per Election for Office Sought	7-1-1-7-	0.00	2018	Other (specify) ▶				
Full Name of Payee		★ Memo	Item Date	Date of Public Distribution/Dissemination M 10				
Majority Strategies LLC			Г					
Mailing Address 12854 Kenan Dr.								
Ste. 145			Amou					
City	State	Zip Code						
Jacksonville	Jacksonville FL 322							
Purpose of Expenditure IE-Oppose Brown, Sherrod-Media Production/Med	io Ruy	Category/		of Disbursement or Obligation				
12-Oppose Brown, Sherrou-Media i roduction/Med	іа Биу	Type 004						
Name of Federal Candidate:	Name of Federal Candidate: Support Of							
BROWN, SHERROD, , ,	BROWN, SHERROD, , ,							
Calendar Year-To-Date		0.00		Disbursement For: Primary				
Per Election for Office Sought	7 1 1 7		2018 🗌 (Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures			· -	0.00				
(b) SUBTOTAL of Unitemized Independent Expenditu	res							
(b) 300101AE of Officernized independent Expenditu	163		•					
(c) TOTAL Independent Expenditures			•					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•				
Lisker, Lisa, , ,	Electronically Fil	ed1 -	M = M /	D D / Y Y Y Y				
Signature	10	24 2018						

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 9				
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X				
MeToo Ohio								
				C C00686865				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y				
Full Name of Payee	Item D	ate of Public Distribution/Dissemination						
Strategic Media Placement		10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 7669 Stagers Loop		A	Amount					
		T 70 0		470000 00				
City	State	Zip Code		176000.00 Transaction ID : SE.4110				
Delaware	ОН	43015		late of Disbursement or Obligation				
Purpose of Expenditure IE-oppose Brown, Sherrod-Media Buy	Purpose of Expenditure IE-oppose Brown, Sherrod-Media Buy Category/ Type 004							
Name of Federal Candidate:		Support	Office S	ought: House District: 00				
BROWN, SHERROD, , ,		x Oppose		President Senate State: OH bursement For: Primary General				
Calendar Year-To-Date		170000 00	1					
Per Election for Office Sought	7 7	176000.00	2018	Other (specify) ►				
Full Name of Payee		☐ Memo	Item D	Date of Public Distribution/Dissemination				
				M M / D D / Y Y Y				
Mailing Address		1						
			A	Amount				
City	State	Zip Code						
				Date of Disbursement or Obligation				
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y				
		Type						
Name of Federal Candidate:		Support	Office S	ought: House District:				
		Oppose	Pr	resident Senate State:				
Calendar Year-To-Date			Disburse	oursement For: Primary General				
Per Election for Office Sought	7-1-5-			Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	;		· • _	176000.00				
(1) 011575711 (11.11)			Г					
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• • _					
(c) TOTAL Independent Expenditures			[176000.00				
			,	17 0000.00				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized							
Lisker, Lisa, , ,	[Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y				
Signature	e 10	24 2018						